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44.9 IMPACT OF THE COVID-19 PANDEMIC ON SUICIDE ATTEMPTS AND SUICIDAL IDEATIONS IN YOUTH



Jane Miles, MD, University of Texas Southwestern Medical Center, janemiles100@hotmail.com; Rachel Zettl, MD, University of Texas Southwestern Medical Center, rachel.zettl@utsouthwestern.edu

Objectives: The objective of this presentation is to assess the impact of the COVID-19 pandemic on the number of patients who presented after suicide attempts (SA) or with suicidal ideations (SI) to a Consult Liaison (CL) service in a large urban tertiary care Children's Hospital in Dallas, Texas.

Methods: Authors completed a retrospective review of the psychiatric consult data spreadsheet from January 2017 to December 2020. Data were divided into 2 groups: patients seen from January 2017 to December 2019 (pre-COVID-19) and patients seen from January 2020 to December 2020 (during COVID-19). All patients have been seen on the hospital medical floors. Patients were admitted after suicide attempts (SA) and with suicidal ideation (SI) alone. In addition, there were a variety of mental health diagnoses with comorbid medical conditions. Consents were signed by the caregivers upon admission. Patients were aged 2 to 18 years, both male and female. The total number of patients, patients presenting with SI/SA, and demographics were examined by *t* test as well as simple statistics.

Results: The total number of patients seen by the CL service in the pre-COVID-19 period, as well as during COVID-19, was 1380. Among those patients, 64.4% (*N* = 1191) were female and 35.6% (*N* = 656) were male; 72.2% (*N* = 1335) of the sample was White, 19.6% (*N* = 362) was African American, 2.4% (*N* = 44) was Asian, Other was 5.5% (*N* = 102), and there were 6 unknowns. The average age of our sample was 14.3 years. With regard to patients' ethnicities, 34.1% (*N* = 631) were Hispanic and 65.9% (*N* = 1218) were non-Hispanic. More females than males (77.75% [*N* = 594] vs 22.3% [*N* = 170]) attempted suicide (missing data for 13 patients). A significantly higher number of patients attempted suicide during the COVID-19 pandemic. The number of suicide attempters pre-COVID-19 was 538 and during COVID-19 was 239 (*p* = 0.0046). At the same time, the number of patients who presented with SI pre-COVID-19 (*N* = 117) and during COVID-19 (*N* = 38) did not significantly change (*p* = 0.464).

Conclusions: During the COVID-19 pandemic (January 2020 to December 2020), the number of patients seen by a CL service after SA significantly increased. At the same time, there was no significant increase in SI between the 2 groups.

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44.10 FAMILY INTERVENTION FOR SUICIDE PREVENTION (FISP) IMPLEMENTATION BEFORE AND DURING THE COVID-19 PANDEMIC



Jane Miles, MD, University of Texas Southwestern Medical Center, janemiles100@hotmail.com; Karla Hutcherson, LPC-S, Children's Health, karla.hutcherson@childrens.com; Rachel Zettl, MD

Objectives: The aim of this poster is to review disposition recommendations after completion of the Family Intervention for Suicide Prevention (FISP) for patients who presented after suicide attempt (SA) or with suicidal ideation (SI) in the period before and during the COVID-19 pandemic.

Methods: Authors completed a retrospective review of the psychiatric CL data from January through December 2019 (Pre-COVID-19) and from January 2020 through May 2021 (during COVID-19) for patients seen on medical floors, the emergency room (ER), and the intensive care unit (ICU) after SA or with SI in a large urban hospital. The FISP is a brief CBT family intervention aiming to decrease suicidal ideations, build coping skills in youth and families, create a safety plan, and enhance motivation for treatment. The goal of the intervention is to decrease inpatient hospitalizations and connect patients to various levels of outpatient services. Patients seen on our CL team were between the

ages of 10 and 18 years. The total number of patients, demographics, and disposition were examined with simple statistics.

Results: The total number of patients seen during the Pre-COVID-19 period had SI = 34 after SA = 173. The number of patients during the COVID-19 period was SI = 54 after SA = 360. The number of FISP completed during Pre-COVID-19 on the medical floor was 43, with 93% female (*N* = 73). During COVID-19, we completed 51 FISP, with 95% female. Separately, Pre-COVID-19, we completed 71 FISP in the ER with 58% female. During COVID-19, we completed 70 FISP with 54% female. During Pre-COVID-19, 88% of patients on the medical floor were discharged to a lower level of care (partial hospitalization program [PHP], intensive outpatient program [IOP], outpatient program [OP]). During COVID-19, 84.3% of patients were discharged to a lower level of care from the medical floors. In the ER, during Pre-COVID-19, 69% were discharged to a lower level of care. During COVID-19, 60% of patients were discharged to a lower level of care.

Conclusions: The number of patients seen during COVID-19 with SI or SA significantly increased. The numbers were lower in the second and third quarter of 2020 (due to quarantine) and higher in fourth quarter. The number of completed FISP programs increased during COVID-19, with particularly notable increases in the first and second quarters of 2021. The number of patients referred to a lower level of care decreased following the FISP, specifically in the ER.

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SYSTEMS OF CARE

45.1 GEOGRAPHIC PATTERNS OF MENTAL HEALTH UTILIZATION IN SAN DIEGO COUNTY



Britanny E. Winckler, MD, MBA, UC San Diego Health, bwinckler99@gmail.com; Margaret Nguyen, MD, Kyung Rhee, MD, MA, MSC, Manaswitha Khare, MD, Aarti Patel, MD, MEd, Brent Crandal, PhD, Willough Jenkins, MD, Erin Fisher, MD, MHM

Objectives: Social determinants such as place of residence can influence healthcare utilization. However, there is little research on geographic variation in utilization for pediatric mental illnesses. Our goal was to examine the geographic patterns of pediatric mental health (MH) care utilization in San Diego County.

Methods: We performed a single-center retrospective study from January 2017 to December 2019 of children and adolescents aged 5-18 years who visited the emergency department (ED) with a primary MH diagnosis. We extracted encounter data (eg, demographics, address, and disposition) from the electronic medical record and mapped patients to their home census tract, a region smaller than a zip code. We obtained socioeconomic (SE) measures from the 2015-2019 American Community Survey and calculated the ED visit rates. We completed spatial analysis using Getis-Ord *G** statistic to identify nonrandom geographic clusters of high utilization rates, or "hot spots." We used ANOVA and χ^2 tests to examine the relationships between hot spots and underlying SE measures based on geocoded quartiles of healthcare utilization.

Results: There were 6857 pediatric ED visits for MH issues. ED visit rates ranged from 0 to 109.3 per 1000 children over 622 census tracts. There was a significant difference in median ED visit rates by census tract quartile (3.8, 7.7, 12.3, 24.0; *p* < 0.0001). Patient-level characteristics varied significantly across quartiles for sex (*p* = 0.03) as well as race, ethnicity, and language (all *p* < 0.0001), but not for type and number of diagnoses or depression screen result. Encounter-level measures varied significantly across quartiles for length of stay (*p* = 0.03) but not for disposition. Many population-level SE measures varied significantly across census tract quartiles including single female household status, vehicle availability, and homeownership rate (all *p* < 0.0001). Hot spots were localized to the county's southwestern quadrant, which has neighborhoods with lower SE status (*p* < 0.01).